Family History: Please follow the instructions given for each heading outlined below.

Year of Birth/Health Status: Give the year of birth for all of your relatives listed at the left and mark with an (X) to indicate whether their health is good or poor	Illnesses: Place an (X) in the appropriate column for any illnesses that your relatives listed at the left have now or have had	Deaths: If a relative you have listed has died, write the cause of death and the age at death in the columns below

	Year of Birth	Good	Poor	Allergies or Asthma	Anemia	Bleeding Tendencies	Cancer or Tumor	Diabetest	Epilepsy	Glaucoma	Gout	Heart Trouble	High Blood Pressure	Kidney or Bladder Trouble	Nervous Condition	Rheumatism or Arthritis	Stomach or Duodenal Ulcer	Stroke	Goiter/Thyroid	Tuberculosis	Cause of Death	Age
Your Father																						
Grandfather																						
Grandmother																						
Your Mother																						
Grandfather																						
Grandmother																						
Your Brothers																						
Your Sisters																						
Your Spouse																						
Your Children																						

	Year of Birth	Good	Poor	Allergies or Asthma	Anemia	Bleeding Tendencies	Cancer or Tumor	Diabetest	Epilepsy	Glaucoma	Gout	Heart Trouble	High Blood Pressure	Kidney or Bladder Trouble	Nervous Condition	Rheumatism or Arthritis	Stomach or Duodenal Ulcer	Stroke	Goiter/Thyroid	Tuberculosis	Cause of Death	Age
Your Childern																						

Completed by ____ Date ______________________